

EXHIBIT B



DATE: 09/18/2003	DOCUMENT ID 200326100158	DESCRIPTION TRADE NAME/ORIGINAL FILING (RNO)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

SC WASH & TAN, LTD.
261 W. JOHNSTOWN RD.
COLUMBUS, OH 43230

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1411600

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TILT AMUSEMENTS

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 09/02/2003
Expiration Date: 09/17/2008

Document No(s):

200326100158

SC WASH & TAN LTD.
261 W. JOHNSTOWN RD.
COLUMBUS, OH 43230



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 17th day of September,
A.D. 2003.

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-EFILE (1-877-767-3453)

2003 SEP 17 PM 1:14

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="checkbox"/> Yes	
PO Box 1390 Columbus, OH 43216	
*** Requires an additional fee of \$100 ***	
<input checked="" type="checkbox"/> No	
PO Box 670 Columbus, OH 43216	

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)

Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Trade Name (167-RNO) Date of first use 09-02-03 MM/DD/YYYY	<input type="checkbox"/> (2) Fictitious Name (169-NFO)	<input type="checkbox"/> (3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No.
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Tilt Amusements

The Registrant is (Check Appropriate Box)

Individual
 Limited Partnership: Reg. No. _____
 Ohio Limited Liability Co., Reg. No. 1085299
 Ohio Corporation, Charter No. _____
 General Partnership
 Other _____

Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
 Unincorporated Association _____
 Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____

The name of the registrant designated above is

SC Wash & Tan Ltd.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

261 W. Johnstown Road
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Columbus _____ Franklin _____ Ohio _____ 43230
(City) (County) (State) (Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Sales of Pinball Machines, model trains, baseball cards, etc.

Complete the information in this section if box (3) is checked.

- Please reserve the name listed below. (only one name per form)
- Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

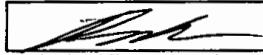
(Print Name)

(Address)

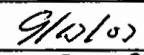
(City, State and Zip Code)

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)



Authorized Representative Peter Poses



Date 9-15-03

Authorized Representative

Date